



The Examiner

Naval Hospital, Twentynine Palms

"Serving with Pride and Professionalism"

Volume 3, No. 2

February 1995

Spot Light on...

Mr. Jack Armour of the Housekeeping Department

Mr. Jack Armour is the subject of this month's spotlight. Jack has been an important part of Naval Hospital Twentynine Palms since coming to work in the Housekeeping Department on August 8, 1986.

Jack and his family have lived in Twentynine Palms since his retirement from the U.S. Marine Corps in 1974. Jack retired from the Marines out of El Toro Marine Corps Air Station after he spent a 21 year career as a Combat Engineer. In addition to many other assignments, Jack accomplished three tours in Viet Nam.

Jack's accomplishments around the hospital can be viewed daily in his areas of responsibility, which include the hospital's ground floor, Materials Management Department, locker rooms and the outside grounds of the hospital. Jack was honored recently with a Letter of Appreciation from the Materials Management Department.

When not busy at work, Jack enjoys working on all types of woodworking projects around his house. He is also busy with his younger son, Anthony, 10 in scouting and youth sports, which include Little League Baseball, soccer and bowling. Jack's oldest son, Manuel, 28, returned home after a four year tour in the U.S. Army and now attends college at the Copper Mountain Campus. Jack's middle son, John, 22, lives and works in the Seattle, Washington area. Jack's wife of 30 years, Sakiyo teaches English as a second language at a local church.

Even though it may not always be said, many people around the hospital appreciate the work Mr. Jack Armour and the other Housekeepers do in keeping the hospital shining.



Mr. Jackie Bowie, Housekeeping Supervisor, left and Mr. Lou Grantham, Head, Operations Management Department, right, flank Mr. Jack Armour during a recent ceremony in which Mr. Armour was presented with a Letter of Appreciation.

Hospital Honorees...



Ensign Tiffany Monaco is selected as Naval Hospital 29 Palms Officer of the Year for the period 1 January to 31 December 1994.



Lieutenant Lisa Stensrud is selected as Naval Hospital 29 Palms Officer of the Year for the period 1 January to 31 December 1994.



HM3 Robert Crain is reenlisted by Captain James Fowler, Head, Mental Health Department, for six more years. Congratulations!

The Hart of the Matter!

Striking the perfect balance on recognition

It is difficult to strike the perfect balance between recognition for individual achievement and recognition for team achievement. A case in point is how to recognize the individual and group effort that went into our numerous successes of 1994 -- JCAHO accreditation, Navy Inspector General Inspection, Navy Occupational, Safety, and Health Inspection Program inspection, and



Capt. S. E. Hart

others. Each and everyone of you contributed to these command-wide achievements. To single out individuals for specific commendation might cause us to miss the point that these endeavors were truly the result of team effort. It is the whole team that deserves recognition and appreciation.

To recognize our team effort, we are submitting a nomination for Naval Hospital Twentynine Palms to receive the meritorious Unit Commendation for our achievements of 1993-94. The Director for Administration, CDR Connors, is composing the nomination package and will submit it by March 95. I think we have a good chance of approval and congratulate you all, regardless of approval, just for having worked together so well that we can submit such a package.

Let us not forget, however, that JCAHO, Navy IG, and NOSHIP are just by-products or tangible evidence of our mission -- service to our patients. Each of you is involved in patient care. Each of you are ambassadors of this hospital. This hospital is not a building. This hospital is a team of health care providers and support staff that can be justifiably proud of each individual's contribution. The Meritorious Unit Commendation is a symbol of your contribution and I feel there is no group of people more deserving of such recognition than you are. I thank you again. Let's move into 1995 with the same dedication, teamwork and compassion with which we so successfully moved through 1994.

Child care availability

The Administrator of the Child Development Programs is working to meet the child care needs on the Combat Center.

Phase one of her program is completed. Volunteers in any organization who requires child care while performing volunteer service may use building 1551. To reserve space and made payment arrangements, contact Ms. Tompkins at ext. 7529.

Farewell Dr. Walker



LCDR Lynn Walker, of the Family Practice Clinic received a send off last month from the staff of the hospital. Dr. Walker received a Navy Achievement Medal for her professional achievement from July 9, 1993 to January 2, 1994.

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The *EXAMINER* welcomes your comments and suggestions concerning the newsletter. All comments should be forwarded to the Public Affairs Officer by the 15th of each month. The Public Affairs Office telephone number is (619) 830-2362. The *EXAMINER* staff would like to thank all those who participated in this Edition.

Master Chief's Soap Box

Does Life Really Suck?

Here we go again, time to write another article for the examiner and to be totally honest I'm having a very difficult time! I know what I want to write about but I'm not sure I will be able to truly express how I feel. To be honest I'm not even sure what to title the article. But since I have a deadline to meet I guess I will have to do the best I can!

DOES LIFE REALLY SUCK?

Now I bet that title got your attention! Well, what do you think? Does life really suck! I hope your response was a very strong "Hell No!" However in our society there seems to be a growing fascination with the "negative aspects" of human nature. It seems that everyone wants to emphasize the negative and ignore the positive! It appears to me that we have become so preoccupied with dealing with the negative results of the few that we are starting to forget the positive accomplishments of the many!

Obviously good order and discipline require that we constantly monitor and enforce laws and regulations. And clearly Without them we would quickly descend into a undisciplined force with a reputation for dishonesty. However, in our zealous eagerness to stamp out offenders we must constantly guard against catching the dreaded disease called, "System induced advanced Burn-out"!

"System induced advanced Burn-out" is primarily caused by constant over-exposure to negative data and negative people.

The disease is difficult to identify in it's early stages because the symptoms only show up in the late stages of the disease's development. However my studies clearly indicate that once the disease becomes symptomatic the progression increases quickly and "System induced advanced Burn-out" is just a matter of a few months away.

Is the disease curable? Sure, but the best treatment is prevention! The best cure is constant prolonged exposure to positive people who stress positive individual and team accomplishments. They are the type of people who try to always emphasis the positive data contained in reports and list that seem to be constantly thrust on us. Lets look at some examples:

(1) The monthly MWR bad check list! Without a doubt we must do everything we can in preventing MWR losses due to bad checks! When Exchange loses money through bad checks MWR loses money and that means less money for funding MWR activities! However let us not forget that over 95% of our Marines and Sailors and their family members never write bad checks! (2) DUI/DWI is another one of those high visibility issues that we can not afford to ignore! Careers can be ruined and more importantly lives can be and are lost because drunken drivers. Again, However lets not forget that less than 1% of the total population of this base received a DUI/DWI last year. That means that better than 99% of our Sailors and Marines did get the message and they did drink responsibly.

Do you get my point? The truth is the vast majority of our Sailors and Marines are good people! The vast majority of our Sailors and Marines do good things that cause positive results, but I'm afraid we all to often forget that. The system has become so preoccupied with the negative few that too little time is left for the positive many.

And without question the constant negative reenforcement being administered towards all levels of leadership, will eventually cause even the most positive type individual to begin showing early signs of System Induced Advanced Burn-out!

Therefore I challenge each and everyone of you up and down the chain



HMCM R. A. Lubitz

of command to step back and reevaluate how you deal with both the positive and negative issues of the day. How much time are you spending on negative issues vice positive issues. When you receive a statistical data report that deals with personnel do you automatically see the negative aspects first or the positive.

If you chair a meeting what percentage of the information being provided to your subordinates is negative vice positive?

I don't know about the rest of you, but personally I'm very proud of the entire staff at this facility! Sure we have

a few bad apples, but the important point is the word few! I would strongly encourage each of you to not lose focus in dealing with those few! Let us all resolve in this New Year to spend a little more time with the many for without question they clearly deserve it.

Hospital comes through for Air Force Tech Sergeant

By Dan Barber

U.S. Air Force Technical Sergeant James L. Butler never dreamt that he would need the services of Navy Medicine, until a fateful sledding accident in Wrightwood, Calif. left him with a shattered right ankle.

"I was sledding with my daughters when I came to a tree, I thought I could push off from it with my foot, but I was wrong," said Butler.

At that point Tech Sgt. Butler's wife, Tamera loaded him in the family car and headed for the Emergency Room at Edwards Air Force Base near Palm Dale, Calif. After arriving at Edwards is when the search began for a qualified orthopedic surgeon, who could repair Butler's damaged ankle, since the hospital at Edwards doesn't have an orthopedic surgeon on staff. "We spent about six hours in the Emergency Room at Edwards waiting for the doctors there to find a qualified surgeon who could help my husband," said Mrs. Butler. "I think they called almost every military hospital in Southern California until they found that Twentynine Palms could help," Mrs. Butler added.

After finding that Naval Hospital Twentynine Palms would take the case, the Butlers again climbed in the family car and headed out for a four hour drive to the Marine Corps Air Ground Combat Center.

Captain Kenneth R. Koskella, Naval Hospital Twentynine Palms orthopedic surgeon took on the case and successfully performed the needed surgery to repair Butler's ankle. "If it's in our power we will never turn away a qualified patient who needs our help," said Capt. Koskella.

"Naval Hospital Twentynine Palms is wonderful, I have never been treated so good as I have been treated here," said Tech Sgt. Butler.

Naval Hospital Twentynine Palms is a member of the Region Nine Tricare Network which includes Edwards AFB Hospital. This network coordinates medical treatment for military beneficiaries throughout the Southern California Region.

The Pelikan Brief

How Pastoral Care applies to the healthcare provider

By Chaplain Pelikan

Since Pastoral Care is not only for patients, but for the staff as well, I thought I would take the opportunity to talk about how Pastoral Care applies to the *provider* also.

So often, as health care providers you see yourselves as somewhat indestructible. You're around disease, sickness, and pain in others so much that there is a huge temptation to become focused on the idea that it only happens to the other guy. There's a feeling that you're either above it all or just somehow immune; especially when a fair amount of time goes by without getting sick or having an accident or something. You spend so much time taking care of others that you forget that you yourselves have weaknesses, frailties, and susceptibilities to the disasters that life sometimes throws our way. Not that you need a disaster to make you think of God, but sometimes that's what you find yourself in the midst of without the slightest clue of how to deal with the inner pain and torment of why it might have happened, and then where God might be in all of it. I'm reminded of a recent "Chicago Hope" TV episode where the Chief of Staff asks the legendary senior resident surgeon, when he was facing a difficult

bioethical decision, "...Do you think there is any place for God in any decisions made in running this hospital?" His response was a rhetorical "no" by saying, "...come on Philip, grow the hell up!" I'm glad the Chief of Staff did not concur with this short-sighted statement. In fact what he did do was consult God in prayer with the patient's family member and the right decision was made.

Just because you care for others and find great satisfaction in doing so, doesn't preclude your own personal need for care. You may not need medical care persay, but you do need spiritual care. Everyone needs spiritual care. From the HR just starting out on the ward to the Doctor in the OR, everyone needs spiritual or "pastoral" care. But what does that mean? It means that in some way, shape, or form, everyone must come to grips with who they are, why they're here, what life is all about, and why it is worth living and saving? These and other questions are what the "pastor" or "soul-shepherd" is trained to deal with on a daily basis.

Chaplains are trained ministers to help people, patients and *providers*, deal with these tough questions. As your Chaplain and "pastor," I stand ready to help you in whatever way I can to deal with these and other tough questions of life.

Don't wait until disaster hits to think about God, life and death, existence, or whatever. Stop in any time and talk. There doesn't have to be a problem before you come and talk to the Chaplain. I like it when someone just drops in and says, "...hi Chaplain, just thought I'd stop in and say, God bless. 'Hope things are going well with you today. Have a good one!' Who knows where that might lead! Many times a simple greeting or casual conversation leads to a much deeper discussion which then can become, quite easily, a bonifide "pastoral counseling" session. Many times these sessions can be what I call "spiritual preventative medicine." It can do wonders for your outlook on life.

So, *providers*, don't forget that I'm here for you too. And remember the old saying, "Provider, provide for thyself," ...or... something like that! God bless and I'll see you next time.

Well Done!



HA Jason P. Hunt recently received a Letter of Appreciation from Captain C.S. Chitwood on the occasion of his transfer from Labor and Delivery to Physical Therapy. This hospital strongly supports its staff in personal and professional growth such as HA Hunt has demonstrated.



Lieutenant Violeta Padora, left and Mrs. Som Harz, right pin on the new Lieutenant's bars to Lt. Julie Woodside of the Maternal Infant Ward.

Childproofing your home

By Charlotte Meinecke, Nurse Educator, Naval Hospital

A home is regarded as a child's "safe place". Yet, many children are exposed to danger and injury in their own homes daily. One of the most important steps you can take to protect the health and life your child is to "childproof" your home. The best way to do this is to look at your home from a "baby's eye view". From a child's eye level, you can spot the sharp corners, uncovered electrical wall outlets, extension cords, hanging cords to lamps and other appliances, and loose objects which might easily fall. The following is a quick checklist for childproofing each room in your house. Remember, every child and home are different. Check your home carefully and NEVER leave your baby unattended!

Baby's Room

1. Hang mobiles and dangling toys out of reach so that baby can't strangle on the string. The string should be no more than 12" long.
2. Diaper pails can be dangerous to curious kids, many have drowned in the soaking pails. Keep a secure cover on at all times.
3. Baby powders and talc can be dangerous. Never use them near a fan or allow baby to play with the container, he could choke on the dust.
4. Do not put plants in baby's room if there is any chance he could reach them, many of them are poisonous.
5. Store ointments, creams, safety pins and all other baby supplies out of reach.

Kitchen

1. Turn handles of all pots and pans to the back of the stove so that the baby can't reach them. The best way to avoid accidents is to keep baby in his playpen or high chair while you cook.
2. Avoid using tablecloths that can be pulled down.
3. Keep all appliances and their cords away from the edges of counters or table tops. All cords should be coiled up and tied.
4. Place safety latches on lower kitchen cabinets. If you have room, you can let your baby have one cabinet of his own filled with pots, pans, and large plastic bowls to play with.
5. Cleaning products and other toxic substances should be stored in a higher cabinet with a lock or safety latch. You can begin to teach a one year old the dangers of toxic products.
6. Keep knives and all cutlery in a drawer or cupboard out of baby's reach.
7. Try to keep bits of food off the floor, especially food that your baby could choke on.
8. When cleaning broken glass from the floor, protect crawling babies hands and knees by first vacuuming and then using a wet paper towel to get any remaining slivers.
9. Whenever handling hot liquids, check to see where baby is BEFORE you pick up the tea kettle or pan. You do not want to trip and spill boiling water on your baby.
10. Teach baby from the very beginning that the stove is off limits.
11. Keep jagged edges on boxes and aluminum foil or plastic wrap out of reach.

Living Room

1. Put away delicate, breakable and valued items from tables and shelves

until your baby is well past the curious destructive stage (4-5 years old).

2. Check the floor daily for small objects that baby could choke on (pins, food, plastic).
3. Tables with sharp corners and edges can be protected with rubber corner guards.
4. Bookcases are great attractions for young babies. Make sure they are fastened to the wall so baby can't pull a bookcase over on top of himself.
5. Cover unused electrical outlets with plastic caps. You can also obtain boxes that will cover outlets that are being used. Where possible, place furniture in front of outlets.
6. Never leave extension cords plugged in where you baby can find and chew on them. Tape any excess cord down so baby won't be so interested.
7. Heaters present serious hazards. Make sure heaters are well ventilated and protected by safety guards.
8. Telephones are fascinating. Make sure the cords are out of reach so that baby doesn't pull the phone down on his head. A rubber band can be placed over the switch hook points so the phone line is not on when the receiver is lifted. You will still receive calls if the phone has been lifted and you won't have any unexpected long-distance phone bills.

Bathroom

1. Keep all medicine and drugs in a locked cabinet out of baby's reach. Aspirin is one of the most common causes of childhood poisoning.
2. Shampoo and soap should be kept out of reach.
3. Hairdryers should always be kept unplugged.
4. Hot water heater thermostats should be lowered to 120 degrees. Always check water temperature before putting baby into the bath water or under faucet.
5. Wastebaskets are full of interesting things. Be aware of what you throw away and put pills, razor blades, etc. in a special wastebasket out of reach.
6. Babies have drowned in toilet bowls....always leave the lid down. High rubber stops on the lids will prevent his fingers from getting caught if he should happen to life and then drop the lid.
7. A hook on the outside of the bathroom door or a plastic door knob cover may be necessary to keep the door closed and baby out of the bathroom.
8. Use plastic/paper cuts and containers in the bathroom to lessen the chance of broken glass.

One method to teach a young child to avoid containers with toxic substances is to use Mr Yuk-Face stickers. For information on obtaining them, contact Institute of Education Communications, Children's Hospital of Pittsburgh, Desoto Street, Pittsburgh, PA 15213.

(Note: some groups have expressed concern that children not get dependent on the Mr Yuk Face stickers because it is impossible to put them on all toxic containers in the home all the time.)

It is up to you to make your home the "safe place" you want it to be, and assume it is. You may see your home in a different point of view from your baby's perspective. Do take steps to protect the health and life of your child by childproofing your home.

For further information about home safety or other topics of interest, contact Charlotte Meinecke, Nurse Educator, Naval Hospital. 830-2218.

Child/Spouse Abuse classes scheduled

By Dan Barber

A four-part comprehensive, multi-disciplinary child/spouse abuse recognition training session, which includes a forensic pediatrician from Loma Linda University Medical Center, has been scheduled by the Education and Training Department of the Naval Hospital here.

In addition to military healthcare providers, civilian providers from the surrounding community have been invited to participate in this training. The first two sessions of this training was held January 11 and 18. The next scheduled classes will be held February 10 and March 24. Doctor Clare Sheridan, a specialist in forensic pediatrics from Loma Linda will present training on child physical abuse in the February class and child sexual abuse in the March session.

Exceeding the basic mission requirements for hospital staff training has become a creed for the hospital's Education and Training Department. For example, the hospital's Education and Training Department designed this comprehensive 8-hour educational program on the identification and reporting of child and spouse abuse cases with the input from the Emergency Medicine Department, Pediatrics Clinic, Judge Advocate General, Naval Investigative Service, Provost Marshall's Office, Child Protective Services and the Family Service Center. The training staff could have met the requirement for this type of training with a four hour lecture, however, Commander Susan Knutson, Department Head, Education and Training, doesn't believe in just meeting the hospital's training requirements. CDR Knutson and her staff strive to exceed those requirements whenever possible.

"We think that it is important for everyone who is involved in an abuse case to be properly trained not only in how to identify and report an abuse case but how to conduct themselves to not only protect the victims from further abuse but to also protect their privacy," said CDR Knutson.

"Everyone involved in an abuse case should know what the process a victim or family will need to go through, not only to prevent further abuse, but to also to help them break the cycle of abuse in the family," said CDR Knutson.

According to CDR Knutson, an abusive situation in a family can go on for years with cycles of violence followed by a 'honeymoon' period then tension building to violence again. "At first abuse may start out as verbal but it may over a period of time escalate to murder," said HMC Edward Windhurst, Assistant Head, Education and Training.

The purpose of this training is to help healthcare providers in identifying and reporting suspected abuse cases so they may be investigated by the proper authorities. "Also, bringing everyone together who may be involved with a case will afford the opportunity for them to network with each other so improvements in their specific areas of the process can be made," said CDR Knutson.

When a provider sees a patient who appears to be the victim of abuse the first step, besides the medical treatment, is to contact the hospital's Officer of the Day (OOD). At that point the OOD contacts the Provost Marshals Office to initiate an investigation through Naval Investigative Service (NIS). The hospital staff will tend to the medical needs of the victim while NIS conducts an independent investigation.

"The initial four hour block of training held in January provided a foundation for the advanced training in this month and in March," said CDR Knutson. The classes have all been approved for four Continuing Education Units and four Continuing Medical Education Units.

Civilian Issues

Midyear Progress Reviews

By Linda Jensen

It is that time of year again when supervisors conduct midyear progress reviews on civilians.

What actually is a midyear progress review? It is the time when your supervisor reviews with you how your performance has been since the beginning of the cycle.

Your supervisor should review with you individually all your critical elements on your performance appraisal, letting you know your performance level midway through the performance cycle. They may indicate you need to improve in certain areas. If this is the case, ask your supervisor for guidance for improving. This may mean additional training of some sort, whether this is computer training or more one on one with the supervisor. By all means ask how you can improve before the end of the performance cycle. Remember, communication is the key between a supervisor and employee when it comes to civilian performance appraisals.

Keep in mind this is not a written rating, just a review. The performance cycle for civilians is from 1 July to 30 June. If you are a new employee as of now, your supervisor should do a midyear review around March of this year. You must be in a position for 90 days to receive a rating.

If you have questions or concerns pertaining to midyear reviews, you may contact Linda Jensen at extension 2517 or Donna Estep at HRO at extension 6193.

NAVOSH Notes

MSDS: A paper trail to safety

MSDS is not a new disease, a computer term, or a misspelled word. It's an acronym which stands for "Material Safety Data Sheet". These sheets of paper cover everything from cans of spray paints to the most dangerous of chemicals. And they are not put there for decoration; they are required by the Occupational Safety and Health Administration (OSHA) as well as various Department of Defense regulations. Aside from the fact that they are required, these little pieces of paper can save lives.

Chemical materials can pose serious problems if they are not handled correctly - problems such as heart ailments, kidney and lung damage, sterility, cancer, burns, and rashes. One of the simplest ways to manage the risks of these chemicals is by using the MSDS.

The MSDS tells virtually everything a user needs to know about a particular chemical. For example, it contains information on the makeup of the chemical, its flashpoint, whether personal protective equipment (PPE) is required during use, if contact with skin or eyes is dangerous, first-aid, and storage and use.

Supervisors can use MSDS to reduce the risks of working with chemicals by making sure employees read and understand the information on the data sheet, the hazards posed by the chemical, and controls that may be implemented to eliminate or reduce the hazards.

If used correctly these little sheets of paper can form a strong defense that will help leaders protect the forces.

Preparedness pays off for Naval Hospital 29 Palms

Story by Dan Barber Photos by HM1 Jerry Walker, PMT

Disaster preparedness and evacuation training paid off for the staff and patients at the hospital here recently, especially for a pair of newborn babies who were delivered after the new mothers, who were in active labor, were evacuated from the hospital.

The decision to evacuate the hospital was made after a bomb threat was received by the hospital's Information Desk at 8:10 a.m. Some patients and infants were staged at the Resident Officer In Charge of Construction Office near the hospital. Other patients, along with the two Labor and Delivery patients, were transported to Military Sick Call. In all, 29 patients were evacuated from the hospital, and 31 were brought back.

The Provost Marshall Office (PMO) and the base Fire Department were immediately notified of the threat. Specially trained explosive detection dogs were brought in to the hospital by PMO to conduct a search. Fortunately, the threat turned out to be a hoax.

"I was in the middle of a contraction when I found out they were moving me out of the room, I didn't know what was going on," said Lisa Inama, one of the new mothers. "It was very hectic at first, but the staff really knew what they were doing and did an excellent job," said Rebecca Aguinaga, the other new mom. Both new mothers echoed basically the same feelings that everyone involved in their care were very professional. "HM2 Julie Wittenmyer really helped me through this labor, and the move, from start to finish," said Mrs. Aguinaga.

Lieutenant Commander Phillip Shuffer delivered Jesus Emanuel Aguinaga, who was born first at 9:34 a.m. Jesus weighed in at 8 pounds 6.4 ounces and measured 20 inches in length.

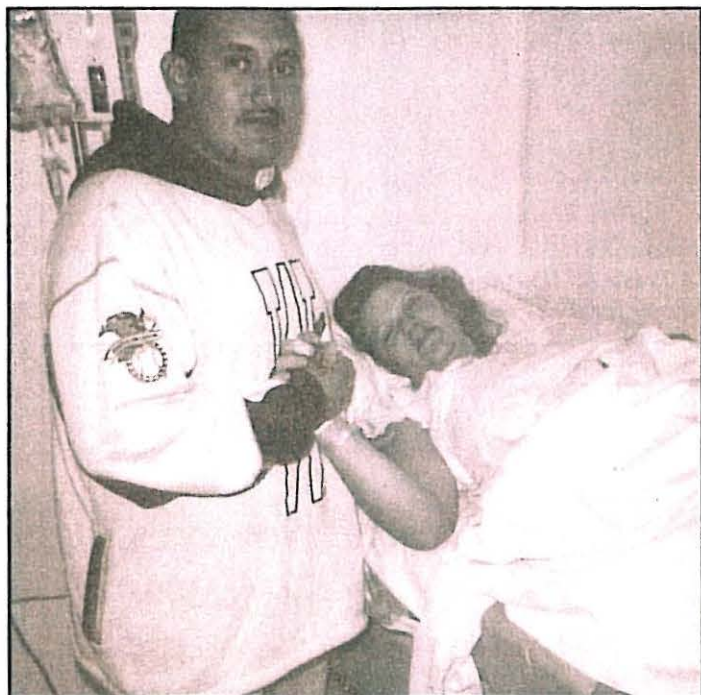
Lieutenant Anne Petre delivered Micaela Caitlin Inama at 10:10 a.m.

Micaela weighed 7 pounds 3.6 ounces and also measured 20 inches in length.

This was a first for the hospital (the evacuation), and a first for Military Sick Call (the births of the babies). By noon all of the hospital's patients were safely returned to their rooms and business returned to normal.



A hospital staff member takes charge of little Jesus Aguinaga shortly after his birth.



Lance Corporal Louis Aguinaga comforts his wife, Rebecca after she gave birth to their new son, Jesus, at Military Sick Call.



Lieutenant Karen Funaro of Labor and Delivery, and Dr. Phillip Shuffer take a break after delivering the Aguinaga baby.

Naval Hospital Hard Chargers...



Lieutenant Philip Blaine is selected as Officer of the Quarter for the period October through December 1994.



Mrs. Anna Lawson is selected as Volunteer of the Quarter for the period October to December 1994.



HM1 Manuel J. Barcelona is selected as Senior Sailor of the Quarter for the period October through December 1994.



Mrs. Sheri Wysocki is selected as Senior Civilian of the Quarter for the period October through December 1994.



HA Travis M. Walker is selected as Junior Sailor of the Quarter for the period October through December 1994.



Rebecca A. Litherland is selected as Civilian of the Quarter for the period October through December 1994.